GOLDEN AGE NURSING HOME 720 EAST KINGS ROAD

**TOMAHAWK** 54487 Ownershi p: Corporati on Phone: (715) 453-2164 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 78 Yes Total Licensed Bed Capacity (12/31/01): 105 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 65 66 \* \*

Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 1	Under 65	13.8	More Than 4 Years	27. 7
Day Services	No	Mental Illness (Org./Psy)	20. 0	65 - 74	9. 2		
Respite Care	No	Mental Illness (Other)	20. 0	75 - 84	23. 1		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	49. 2	**********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	4.6	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 5	ĺ	j	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 6	İ	100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10.8	65 & 0ver	86. 2		
Transportation	No	Cerebrovascul ar	15. 4			RNs	10. 9
Referral Service	No	Di abetes	7. 7	Sex	%	LPNs	5. 6
Other Services	No	Respi ratory	3. 1		ˈi	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	13.8	Male	26. 2	Ai des, & Orderlies	40. 9
Mentally Ill	No			Femal e	73. 8		
Provi de Day Programmi ng for	i		100. 0		i		
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		]	Pri vate Pay	;		amily Care		1	Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	100. 0	165	1	1. 5
Skilled Care	4	100. 0	340	46	86. 8	93	0	0.0	0	7	100.0	143	0	0.0	0	0	0.0	0	57	87. 7
Intermedi ate				7	13. 2	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	10.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Venti l ator- Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100. 0		53	100.0		0	0.0		7	100.0		0	0.0		1	100.0		65	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	]	'					
<b>3 1</b> 3		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	11. 3	Daily Living (ADL)	Independent	One 0:	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	13.8		46. 2	40. 0	65
Other Nursing Homes	5. 7	Dressi ng	20. 0		38. 5	41. 5	65
Acute Care Hospitals	81. 1	Transferring	33. 8		41. 5	24. 6	65
Psych. HospMR/DD Facilities	0.0	Toilet Use	27. 7		47. 7	24. 6	65
Rehabilitation Hospitals	0.0	Eati ng	70. 8		21. 5	7. 7	65
Other Locations	1.9	**************	******	******	******	*******	******
Total Number of Admissions	53	Conti nence		%	Special Treatm		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	9. 2	Receiving Re	spi ratory Care	12. 3
Private Home/No Home Health	31. 4	Occ/Freq. Incontinent	of Bladder	<b>55. 4</b>	Receiving Tr	acheostomy Care	0. 0
Private Home/With Home Health	2.0	Occ/Freq. Incontinent	of Bowel	50. 8	Receiving Su	cti oni ng	1. 5
Other Nursing Homes	5. 9				Receiving 0s	tomy Care	1. 5
Acute Care Hospitals	3. 9	Mobility			Receiving Tu	be Feeding	3. 1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	3. 1	Receiving Me	chanically Altered Diets	33. 8
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteri sti cs	
Deaths	<b>56</b> . 9	With Pressure Sores		1. 5	Have Advance	Directives	76. 9
Total Number of Discharges		With Rashes		12. 3	Medi cati ons		
(Including Deaths)	51				Receiving Ps	ychoactive Drugs	63. 1
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Thi c	Ownership: This Proprietary acility Peer Group % Ratio			Si ze: - 199		ensure: 11ed	All	1		
					Group	Peer Group		Facilities			
	%			% Ratio		%	Ratio	%	Ratio		
	70	/0	касто	70	Racio	70	Racio	70	Racio		
Occupancy Rate: Average Daily Census/Licensed Beds	62. 9	80. 3	0. 78	83. 5	0. 75	84. 4	0. 74	84. 6	0. 74		
Current Residents from In-County	<b>76</b> . 9	72. 7	1. 06	79. 2	0. 97	75. 4	1.02	<b>77. 0</b>	1. 00		
Admissions from In-County, Still Residing	24. 5	18. 3	1. 34	22. 5	1.09	22. 1	1. 11	20. 8	1. 18		
Admi ssi ons/Average Daily Census	80. 3	139. 0	0. 58	125. 7	0. 64	118. 1	0. 68	128. 9	0. 62		
Discharges/Average Daily Census	77. 3	139. 3	0. 55	127. 5	0. 61	118. 3	0. 65	130. 0	0. 59		
Discharges To Private Residence/Average Daily Census	25. 8	<b>58.</b> 4	0. 44	51. 5	0. 50	46. 1	0. 56	52. 8	0. 49		
Residents Receiving Skilled Care	89. 2	91. 2	0. 98	91. 5	0. 98	91. 6	0. 97	85. 3	1. 05		
Residents Aged 65 and Older	86. 2	96. 0	0. 90	94. 7	0. 91	94. 2	0. 91	87. 5	0. 98		
Title 19 (Medicaid) Funded Residents	81. 5	72. 1	1. 13	72. 2	1. 13	69. 7	1. 17	68. 7	1. 19		
Private Pay Funded Residents	10. 8	18. 5	0. 58	18. 6	0. 58	21. 2	0. 51	22. 0	0. 49		
Developmentally Disabled Residents	3. 1	1. 0	3. 10	0. 7	4. 29	0. 8	3. 91	7. 6	0. 41		
Mentally Ill Residents	40. 0	36. 3	1. 10	35. 8	1. 12	39. 5	1. 01	33. 8	1. 18		
General Medical Service Residents	13. 8	16. 8	0. 83	16. 9	0. 82	16. 2	0. 85	19. 4	0. 71		
Impaired ADL (Mean)	47. 7	46.6	1. 02	48. 2	0. 99	48. 5	0. 98	49. 3	0. 97		
Psychological Problems	63. 1	47. 8	1. 32	48. 7	1. 30	50. 0	1. 26	51. 9	1. 22		
Nursing Care Required (Mean)	8. 3	7.1	1. 16	6. 9	1. 19	7. 0	1. 18	7. 3	1. 13		
nui si ng Care nequi reu (mean)	0. 3	7.1	1. 10	0. 9	1. 19	7.0	1. 10	7.3	1. 13		